Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6003156 08/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **232 GIVEN STREET** FLORA REHAB & HEALTH CARE CTR FLORA, IL 62839 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Final Observations S9999 STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with Attachment A each resident's comprehensive resident care plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FLORA F	REHAB & HEALTH CARE CTR 232 GIVEN FLORA, IL		(W.E. 21) 000E	
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	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) THESE REGULATIONS WERE NOT MET AS			
	EVIDENCED BY:			
	Based on observation, record review and interview the facility failed to provide pain relief during a wound treatment to a non verbal resident ,who was showing signs of pain and distress at that time and failed to follow their policy for hypoglycemia for 1 of 2 residents (R5, R7) reviewed for diabetes and pain in the sample of 12. This failure caused R5 to suffer undue pain.			
	Findings include:			
	1.On 8/23/16 at 1:30 PM, R5 had a wound vacuum dressing change performed by E17, (Licensed Practical Nurse/Treatment Nurse). The Physician's Order sheet dated 8/18/16 instructs to cleanse with normal saline and gauze, pack with black foam, cover to seal for wound vacuum, change dressing 3 times weekly and PRN, (pro re nata/as needed). As the procedure was being performed by E17, the resident, R5, was noted to be wincing, moaning, and breathing rapidly while the right outer ankle area was being cleansed, and as the new dressing was being applied. At this time, E17 instructed R5 to breathe deeply. The Physician's Order Sheet documents that R5 has an order, since 8/04/16, for Norco 5/325 mg, (milligrams), to be received po, (by mouth), PRN for pain. In addition, R5 has an order for Acetaminophen 650 mg, by mouth, as needed for pain. Review of the Medication Administration Record for August 2016 documents that R5			
	received no pain medication throughout the entire day, on 8/23/16. During the procedure, E17 said			

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S9999	that the wound area resident, yet no pair received prior to the as a non interviewa facility tour on 8/22/7/26/16 Brief Interviscore of 2, which in impairment, and womedication. 2. The August, 2016 state that R7 has a and is to have blook R Sliding Scale Institute of the state to notify the plant in the side of the state to notify the plant is to the pair resident.	a was very sensitive for the n medication was offered or e procedure. R5 was identified ble resident by E13 during the '16 at 9:45 AM. R5 had a few for Mental Status, (BIMS), dicates severe cognitive buld likely not request pain diagnosis of Diabetes Mellitus diglucose testing and Humulin ulin two times a day. The PO's hysician if the blood sugar 1400. The PO's do not give	S9999			
	page 23, under Hypglucose levels that symptoms, shall be may warrant promp evaluate until reside improvement within treatment. If no impof initial treatment, for further instruction than 60 and the resounces fruit juice imphysician for further physician orders for R7 stated on 08/22/57 around 5AM todagave her cheese ar stated that she didnathe low BS. R7 also running low lately. A	ed Emergency Care Policy, toglycemia states, "Blood fall below 50, or below 60 with considered hypoglycemic and it action4. Continue to ent is asymptomatic. a. If no 15 minutes, repeat initial rovement within 30 minutes notify physician immediately n5. If glucose level is less ident is symptomatic, give 4 mediately and notify the rinstruction if no specific interventions." If 6 at 3:30PM that her BS was ay. R7 stated that a nurse id crackers at that time. R7 It feel good and was tired with stated that her BS had been at this time, R7 stated, "Aren't echeck my blood sugar when it				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003156 08/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 232 GIVEN STREET FLORA REHAB & HEALTH CARE CTR FLORA, IL 62839 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 is low?" R7 said that the staff do not recheck her BS after a low reading. R7 stated on 08/24/16 at 9:00AM that she was low again this morning and was short of breath and needed her nebulizer treatment. The August 2016 Medication Administration Record (MAR) stated that R7's BS was 64 at 5:00AM on 8/24/16. R7 stated that her low blood sugar symptoms are not always the same. Review of the May-August, 2016 Medication Administration Record (MAR) documents the following: 05/01/16 at 5AM BS 62 05/12/16 at 5AM BS 58 05/20/16 at 5AM BS 67 05/21/16 at 5AM BS 64 05/22/16 at 5AM BS 67 05/24/16 at 5AM BS 32 05/26/16 at 5AM BS 59 06/04/16 at 5AM BS 64 06/07/16 at 5AM BS 57 06/29/16 at 5AM BS 52 07/02/16 at 5AM BS 73 07/04/16 at 5AM BS 73 08/09/16 at 5:AM BS 67 08/15/16 at 5AM BS 56 08/22/16 at 5AM BS 57 08/24/16 at 5AM BS 64 There is no documentation found in the medical records to show that E19 (Physician) was notified of the low blood sugars, and no documentation detailing the treatment used for the low blood sugars, including the BS of 32 on 05/24/16. E20 (Nurse for Medical Director-E19) stated on 08/24/16 at 12:50PM that E19 has given the Facility a policy for blood sugars for all of his residents. The Sliding Scale Protocol dated

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06/03/15 and signed by E19 was observed

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003156 08/29/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 232 GIVEN STREET FLORA REHAB & HEALTH CARE CTR FLORA, IL 62839 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour. seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) THESE REGULATIONS WERE NOT MET AS EVIDENCED BY: Based on observation, interview and record review, the facility failed to identify and prevent the formation of a new pressure ulcer and failed to perform the correct treatment during wound care for 2 of 4 residents (R1, R4) reviewed for pressure ulcers in the sample of 12. This failure resulted in R1 acquiring an avoidable Stage II pressure ulcer. The findings include: 1. On 8/22/16 at 1:30 PM, R1 was in his bed and E6 (Certified Nurse Aide) came into the room to remove R1's pants and turned R1 onto his right side. R1 had an open area on his left upper buttock very close to the coccyx area. On 8/22/16 at 2:45 PM, E14 (Licensed Practical Nurse) stated that R1 doesn't have a dressing change and they have been putting a cream on R1's

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	Continued From page 6 buttocks as a preventative measure and they do a daily skin assessment. On 8/22/16 at 2:30 PM, E17 (Licensed Practical Nurse/Wound Care Nurse) stated that she checks wounds weekly and looked at R1 last week on 8/16/16. E17 stated that R1's upper left buttock was very red, but not open at that time and she would be looking at R1 on 8/23/16. E17 was not aware that R1's reddened area was now open and R1's Nurses Notes have no documentation that E19 (Medical Director) was contacted about the wound being opened. R1's Care Plan dated 4/18/16 documents under "Problem/Need"; Pressure Ulcers; R1 is High Risk for pressure ulcers per the Braden Risk Assessment with a score of "15." The same Care Plan reads; "Approaches/Interventions", "High-Risk"-daily skin check with documentation. "Assess skin"- If open or bruised areas noted, report to MD and responsible party. R1's Treatment Record dated 8/2016, documents that R1's skin was assessed on 8/16/16 and 8/22/16, not daily. E19 was notified of the new pressure ulcer on R11's left upper buttock and a new Physician's Order was received for R1, dated 8/23/16, and documents that R1 is to have Xerofoam with a foam dressing to cover R1's wound. 2. The Facility's undated Resident's With Decubitus list documents R4 has a facility Acquired Stage II Pressure Ulcer. The 07/29/16 Progress Notes state R4 has "decubitus on left buttock worsened" and "was starting to get black tissue at one edge of the		CROSS REFERENCED TO THE APPROPRIATE		
	small open area last Friday (07/22/16)." The document states, "today, wound shows a completely black center with small amount of		20		

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area on her right buttocks that comes and goes and the CNA's do use a protective barrier

ointment to the area. E21 stated that area is very small like a "pea" and is like a "sheer" reddened

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